Replying to a Petition Asking for a Divorce or Legal Separation

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your First and Middle Name: Your Last Name: Your Street Address: Your City, State, and Zip: Your Telephone Number:		
Your Spouse's First and Middle Name: Your Spouse's Last Name:		
Court Name: Court Street Address: Court Mailing Address: Court City, State, and Zip: Branch Name: Case Number:		
First Child's Full Name: First Child's Date of Birth: Month: First Child's Place of Birth: First Child's Age: First Child's Sex:	Day:	Year:
Second Child's Full Name: Second Child's Date of Birth: Month: Second Child's Place of Birth: Second Child's Age: Second Child's Sex:	Day:	Year:
Third Child's Full Name: Third Child's Date of Birth: Month: Third Child's Place of Birth: Third Child's Age: Third Child's Sex:	Day:	Year:

Ā	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ON	VLY
_				
E	TELEPHONE NO.: FAX NO. (Optional): -MAIL ADDRESS (Optional):			
	ATTORNEY FOR (Name):			
	SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
	STREET ADDRESS: MAILING ADDRESS:			
	CITY AND ZIP CODE:			
	BRANCH NAME:			
1	MARRIAGE OF			
	PETITIONER:			
	RESPONDENT:			
	RESPONSE and REQUEST FOR Dissolution of Marriage		CASE NUMBER:	
	Legal Separation	_		
	Nullity of Marriage	☐ AMENDED		
1.	RESIDENCE (Dissolution only) Petitioner Respond this county for at least three months immediately preceding the		sident of this state for at least r Dissolution of Marriage.	six months and
2.	STATISTICAL FACTS			
	a. Date of marriage: c. Tin	ne from date of marriage	to date of separation (specify	y):
	b. Date of separation:	ars: Mor	nths:	
3.	DECLARATION REGARDING MINOR CHILDREN (include child adopted during the marriage): a There are no minor children. b The minor children are:	dren of this relationship b <u>Birthdate</u>	oom prior to or during the mai	rriage or <u>Sex</u>
4.	Continued on Attachment 3b. c. If there are minor children of the Petitioner and Respondent, and Enforcement Act (UCCJEA) (form FL-105) must be attacted. d. A completed voluntary declaration of paternity regarding to the marriage is attached. SEPARATE PROPERTY Respondent requests that the assets and debts listed in below be confirmed as separate property. Item	ched. ng minor children born to n <i>Property Declaration</i> (fo	the Petitioner and Respond	

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

MARRIAGE OF (last name, first name of parties):	CASE NUMBER:
-	
DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS a There are no such assets or debts subject to disposition by the court in b All such assets and debts are listed in Property Declaration (for below (specify):	this proceeding.
(1) irreconcilable differences. (Fam. Code, § 2310(a).) (2) incurable insanity. (Fam. Code, § 2310(b).) b. legal separation of the parties based on (1) irreconcilable differences. (Fam. Code, § 2310(a).) (2) incurable insanity. (Fam. Code, § 2310(b).) c. nullity of void marriage based on	nullity of voidable marriage based on (1) respondent's age at time of marriage. (Fam. Code, § 2210(a).) (2) prior existing marriage. (Fam. Code, § 2210(b).) (3) unsound mind. (Fam. Code, § 2210(c).) (4) fraud. (Fam. Code, § 2210(d).) (5) force. (Fam. Code, § 2210(e).)
	physical incapacity. (Fam. Code, § 2210 including restraining) and other orders as follows: Petitioner Respondent Joint Other Petitioner Respondent Joint Other Petitioner Respondent Joint Other Attachment 9c espondent prior to the marriage.
Continued on Attachment 9j. Child support— If there are minor children born to or adopted by the Petitioner ar court will make orders for the support of the children upon request and submissio earnings assignment may be issued without further notice. Any party required to amounts at the "legal" rate, which is currently 10 percent. declare under penalty of perjury under the laws of the State of California that the forate:	on of financial forms by the requesting party. An pay support must pay interest on overdue
(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)

ATTORNEY OR PARTY WITHO	FOR COURT USE ONLY	
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FAX NO. (Optional):	
SUPERIOR COURT OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CALIFORNIA, COUNTY OF	
PETITIONER: RESPONDENT:		
	RESPONDENT'S IY AND QUASI-COMMUNITY PROPERTY DECLARATION E PROPERTY DECLARATION	CASE NUMBER:

INSTRUCTIONS

When this form is attached to the Petition or Response, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use Continuation of Property Declaration (form FL-161).

ITEM NO. BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL I Awa PETITIONER	FOR DIVISION ard to: RESPONDENT
1. REAL ESTATE	\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE,					
FURNISHINGS, APPLIANCES					
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4. VEHICLES, BOATS,					
TRAILERS					

ITEM NO. BRIEF DESC	RIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL I Awa PETITIONER	FOR DIVISION ard to: RESPONDENT
5. SAVINGS, CHECKIN CREDIT UNION, CASH	NG,	\$	\$	\$	\$	\$
6. LIFE INSURANCE (C VALUE)	CASH					
7. EQUIPMENT, MACH LIVESTOCK	IINERY,					
8. STOCKS, BONDS, S NOTES	SECURED					
9. RETIREMENT, PENS PROFIT-SHARING, ANNUITIES	SION,					
10. ACCOUNTS RECEI UNSECURED NOTE TAX REFUNDS						
11. PARTNERSHIPS, O BUSINESS INTERE						
12. OTHER ASSETS AN	ND DEBTS					
13. TOTAL FROM CONTINUATION SH	HEET					
14. TOTALS						
15. A Continuation	of Property	Declaration (form	FL-161) is attached	d and incorporated	by reference.	
16. This form do do NOTE: If the form do an Ex Parte Applica	oes contain	such information,	you may ask the co	ourt to seal this do		ets and debts listed. ng and submitting
I declare under penalty of pe a true and correct listing of a					knowledge, the for	egoing is
Date:				•		
(TYPE OR	PRINT NAME)		- '		(SIGNATURE)	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):				FOR COURT US	E ONLY
TELEPHONE NO.:	FAX NO. (Op	otional):			
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF				
STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
PETITIONER:					
FETTIONER.					
RESPONDENT:					
DECLARA	TION UNDER UNIFORM (CHILD CUSTO	אחע	CASE NUMBER:	
	TION AND ENFORCEMEN				
	ceeding to determine custody				
	ress is not disclosed. It is co		r Family Code se	ction 3429. I have listed	the address of the
-	y residing with me as confiden				
3. (Number):			ct to this proceedin		
a. Child's name	requested below. The resid	Place of birth	ion must be given	Date of birth	Sex
a. Child's harrie		Flace of billin		Date of birtin	Sex
Period of residence	Address	ļ	Person child lived wi	ith (name and present address)	Relationship
renod of residence	Address		reison child lived wi	un (name and present address)	Relationship
to present	Confidential				
to procent	connactual				
to					
to					
to					
to					
b. Child's name		Place of birth		Date of birth	Sex
(If NOT the same, provide	the same as given above for child a. e the information below.)				
	, 1				I Bulletin I I
Period of residence	Address		Person child lived wit	th (name and present address)	Relationship
	Confidential				
to present	Confidential				
to					
to					
to					
10					1
to					
	on are listed as Attackers and C	(Dreviels - "	l	on for additional abilities.	!
C Additional childre	en are listed on Attachment 3d	;. (Provide all re	equestea informatio	ori ior additional children.)	

	SHORT TITLE:		CASE NUMBER:	
_				
4.	elsewhere, concerning custody of a child su No Yes (If yes, provide the a. Name of each child:		gation or custody proceeding, in California or	
5.	Do you have information about a custody prother than that stated in item 4? No Yes (If yes, provide the formation about a custody prother than that stated in item 4?		ny other court concerning a child in this case,	
	 a. Name of each child: b. Nature of proceeding: dissolution c. Court (specify name, state, location): d. Status of proceeding: 	or divorce guardianship ad	loption other (specify):	
6.	One or more domestic violence restraining /protective orders are now in effect. (Attach a copy of the orders if you have one.) The orders are from the following court or courts (<i>specify county and state</i>): a. Criminal: County/state: c Juvenile: County/state: Case No. (<i>if known</i>): b. Family: County/state: d Other: County/state:			
7.	Do you know of any person who is not a pacustody of or visitation rights with any child No Yes (If yes, provide the form) a. Name and address of person		c. Name and address of person	
	Has physical custody Claims custody rights Claims visitation rights Name of each child	Has physical custody Claims custody rights Claims visitation rights Name of each child	Has physical custody Claims custody rights Claims visitation rights Name of each child	
l de Da	eclare under penalty of perjury under the law te:	s of the State of California that the foregoing	is true and correct.	
8.	(TYPE OR PRINT NAME) Number of pages attached after this p	page:	(SIGNATURE OF DECLARANT)	
	NOTICE TO DECLADANT, You have a con	tinuing duty to inform this court if you ob	tain any information about a custody	

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

-	ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)	FOR COURT USE ONLY
(Name, state bar number, and address):	
\vdash		
	TELEPHONE NO.: FAX NO.:	
L	ATTORNEY FOR (Name):	
5	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
	BRANCH NAME:	
\vdash	PETITIONER/PLAINTIFF:	
	TETHIONELY EMINTH.	
١.	RESPONDENT/DEFENDANT:	
"	AESFONDENT/DEFENDANT.	
	OTHER PARENT	
_	OTHER PARENT:	
	PROOF OF SERVICE BY MAIL	CASE NUMBER:
NO	OTICE: To serve temporary restraining orders you must use personal service (see for	orm FL-330).
1.	I am at least 18 years of age, not a party to this action, and I am a resident of or employe	d in the county where the mailing took
	place.	
2.	My residence or business address is:	
	,	
2	I served a copy of the following documents (specify):	
٥.	r served a copy of the following documents (specify).	
	by enclosing them in an envelope AND	
	a. depositing the sealed envelope with the United States Postal Service with the	postage fully prepaid.
	b. placing the envelope for collection and mailing on the date and at the place sho	
	business practices. I am readily familiar with this business's practice for collecting	
	mailing. On the same day that correspondence is placed for collection and maili	
	business with the United States Postal Service in a sealed envelope with postag	де типу ртерати.
4.	The envelope was addressed and mailed as follows:	
	a. Name of person served:	
	b. Address:	
	c. Date mailed:	
	d. Place of mailing (city and state):	
5.	I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct.
	, , , , ,	Č
D۶	ate:	
	····	
)	
_	(TYPE OR PRINT NAME) (SIGNATU	RE OF PERSON COMPLETING THIS FORM)
	, (6.6.1)	

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

<u>First box, left side</u>: In this box print the name, address, and phone number of the person for whom you are serving the documents.

<u>Second box, left side</u>: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

<u>Third box, left side</u>: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Write in the date that you put the envelope containing the documents in the mail.
 - d. Write in the city and state you were in when you mailed the envelope containing the documents.
- 5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

	1 = 000
ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 (Name, state bar number, and address):	FOR COURT USE ONLY
-	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
OTHER PARENT.	OAGE NUMBER
PROOF OF PERSONAL SERVICE	CASE NUMBER:
I am at least 18 years old, not a party to this action, and not a protected person listed in ar	ny of the orders.
2. Person served (name):	,
3. I served copies of the following documents (specify):	
4. By personally delivering copies to the person served, as follows:	
a. Date: b. Time:	
c. Address:	
5. lam	
	ration under Bus. & Prof.
s. a registered camerna process server.	` '
c. an employee or independent contractor of a e. a California sheriff	or marsnai.
registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and no	umber (specify):
7. I declare under penalty of perjury under the laws of the State of California that the fo	regoing is true and correct
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.	
a camea c c. marchar and rectary that the reregoing to true and control.	
Date:	
\	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE	OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the Proof of Personal Service (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

<u>First box, left side</u>: In this box print the name, address, and phone number of the person for whom you are serving the documents.

<u>Second box</u>, <u>left side</u>: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

<u>Third box, left side</u>: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

- 1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
- 2. Print the name of the party to whom you handed the documents.
- 3. List the name of each document that you delivered to the party.
- 4. a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
- 5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
- 6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
- 7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
- 8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

(California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

- 1. You are receiving financial assistance under one or more of the following programs:
 - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR -

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME	
6	\$ 2,791.66	
7	3,145.83	
8	3,500.00	
Each additional	354.16	

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

— THIS FORM MUST BE KEPT CONFIDEN	ITIAL — 982(a)(17)	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
NAME OF COURT:		
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME: PLAINTIFF/ PETITIONER:		
DEFENDANT/ RESPONDENT:		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:	
I request a court order so that I do not have to pay court fees and costs.		
 1. a. I am <i>not</i> able to pay any of the court fees and costs. b. I am able to pay <i>only</i> the following court fees and costs (specify): 		
b rain able to pay ciny the following countries and cooke (openity).		
2. My current street or mailing address is (if applicable, include city or town, apartment no.,	if any, and zip code):	
3. a. My occupation, employer, and employer's address are (specify):		
b. My spouse's occupation, employer, and employer's address are (specify):		
 I am receiving financial assistance under one or more of the following programs: a. SSI and SSP: Supplemental Security Income and State Supplemental Pa b. CalWORKs: California Work Opportunity and Responsibility to Kids Act, in 	•	
for Needy Families (formerly AFDC) c. Food Stamps: The Food Stamp Program		
d. County Relief, General Relief (G.R.), or General Assistance (G.A.) 5. If you checked box 4, you must check and complete one of the three boxes below, unit	less vou are a defendant in an unlawful	
detainer action. Do not check more than one box.	,	
 a. (Optional) My Medi-Cal number is (specify): b. (Optional) My social security number is (specify): 		
and my date of birth is (specific	ecify):	
[Federal law does not require that you give your social security number, you must check box c and attach documents c.	s to verify the benefits checked in item 4.]	
[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees a office, for a list of acceptable documents.]	and Costs, available from the clerk's	
[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]		
My total gross monthly household income is less than the amount shown on the and Costs available from the clerk's office.		
[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the ba of this side.]	ack of this form, and sign at the bottom	
7. My income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs. [If you check this box, you must complete the base of the pay income is not enough to pay for the common necessaries of life for me and the pay income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs.		
WARNING: You must immediately tell the court if you become able to pay court fees be ordered to appear in court and answer questions about your ability to pay court if	or costs during this action. You may ees or costs.	
I declare under penalty of perjury under the laws of the State of California that the informatio attachments are true and correct.	n on both sides of this form and all	
Date:		
(TYPE OR PRINT NAME) (Financial information on reverse)	(SIGNATURE)	

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
FINANCIAL IN	FORMATION
	10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
	Property FMV Loan Balance
•	(1)
a. My gross monthly pay is:	(2) \$ \$ (3) \$ \$
purpose and amount):	d. Real estate (list address, estimated fair market value
• •	(FMV), and loan balance of each property):
(1) <u> </u>	
(2) 5	Property FMV Loan Balance
(3) \$ \$ (4) \$	(1) \$ \$
My TOTAL payroll deduction amount is: \$	(2) \$ \$
	e. Other personal property — jewelry, furniture, furs, stocks,
c. My monthly take-home pay is (a. minus b.): \$	bonds, etc. (list separately):
d. Other money I get each month is (specify source and	borido, oto. (not obparatory).
amount; include spousal support, child support, paren-	¢
tal support, support from outside the home, scholar-	11. My monthly expenses not already listed in item 9b above
ships, retirement or pensions, social security, disability,	are the following:
unemployment, military basic allowance for quarters	a. Rent or house payment & maintenance \$
(BAQ), veterans payments, dividends, interest or royalty,	
trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net	
gambling or lottery winnings):	c. Utilities and telephone
	d. Clothing \$ e. Laundry and cleaning \$
(1)	
(2) \$	
(3)	
The TOTAL amount of other money is:	h. School, child care \$
The TOTAL amount of other money is: \$	
labeled Attachment 9d.)	j. Transportation and auto expenses (insurance, gas, repair) \$
e. MY TOTAL MONTHLY INCOME IS	k. Installment payments (specify purpose and amount):
(c. plus d.): \$	k. Installment payments (specify purpose and amount).
f. Number of persons living in my home:	(1)
Below list all the persons living in your home, including	(3)
your spouse, who depend in whole or in part on you for	The TOTAL amount of monthly
support, or on whom you depend in whole or in part for	installment payments is: \$
support:	I. Amounts deducted due to wage assign-
Gross Monthly Name Age Relationship Income	ments and earnings withholding orders: \$
	m. Other expenses (specify):
(1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(1) \$ \$ (2) \$ \$ (3) \$ \$ (4) \$ \$ (5) \$ \$ The TOTAL amount of other monthly.
(3) \$	(2) \$
(4) \$	(3) \$
(4) \$ \$ (5) \$ \$	(4) \$
The TOTAL amount of other money is: \$	(5) \$
(If more space is needed, attach page	The TOTAL amount of other monthly
labeled Attachment 9f.)	expenses is:\$
g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS	n. MY TOTAL MONTHLY EXPENSES ARE
(a. plus d. plus f.):	(add a. through m.): \$
10. I own or have an interest in the following property:	12. Other facts that support this application are <i>(describe un-</i>
a. Cash\$	usual medical needs, expenses for recent family emergen-
b. Checking, savings, and credit union accounts (list banks):	cies, or other unusual circumstances or expenses to help the
	court understand your budget; if more space is needed,
(2) \$	attach page labeled Attachment 12):
(1) \$ (2) \$ (3) \$	

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

(4)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
DESENDANT/ DECRONDENT	CASE NUMBER:
DEFENDANT/ RESPONDENT:	CASE NUMBER.
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
	vas issued on (date):
2. The application was filed by (name):	(complete item 4 below)
	(complete item 4 below).
 a. No payments. Payment of all the fees and costs listed in California Rules b. The applicant shall pay all the fees and costs listed in California Rules of 	
	nd marshal fees.
(*/== * ********************************	
	's fees* (valid for 60 days).
	ne appearance (Gov. Code, § 68070.1(c))
	pecify code section):
(5 Ll Court-appointed interpreter. A Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov.	Code \$\$ 60047 60049 and 70105
c. Method of payment . The applicant shall pay all the fees and costs when charg	
	per month or more until the balance is paid.
d. The clerk of the court, county financial officer, or appropriate county officer is au	•
before and be examined by the court no sooner than four months from the date	
four-month period. The applicant is ordered to appear in this court as follo	
Date: Time: Dept.:	Div.: Room:
e. The clerk is directed to mail a copy of this order only to the applicant's att	
f. All unpaid fees and costs shall be deemed to be taxable costs if the applicants	
. All ulipalu ices aliu cosis silali be uccilicu to be taxable cosis il tile applit	
lien on any judgment recovered by the applicant and shall be paid directly upon such recovery.	
lien on any judgment recovered by the applicant and shall be paid directly upon such recovery.	to the clerk by the judgment debtor
lien on any judgment recovered by the applicant and shall be paid directly upon such recovery. 4. IT IS ORDERED that the application is denied in whole in part for the state of the state	
lien on any judgment recovered by the applicant and shall be paid directly upon such recovery. 4. IT IS ORDERED that the application is denied in whole in part for to f Court, rule 985):	to the clerk by the judgment debtor he following reasons (see Cal. Rules
lien on any judgment recovered by the applicant and shall be paid directly upon such recovery. 4. IT IS ORDERED that the application is denied in whole in part for t of Court, rule 985): a Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(to the clerk by the judgment debtor he following reasons (see Cal. Rules
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JUDICIAL OFFICER

Page 1 of 2

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PLAINTIFF/PETITIONI	ER (Name):		CASE NUMBER:	
DEFENDANT/RESPONDE	NT (Name)·			
	enied in whole or in part (speci	ify reasons):		
	CLERK'S	CERTIFICATE OF MAILING		
		copy of the foregoing was mailed firm of the foregoing and execution of t		led
<i>(place):</i> on <i>(date):</i>	-		, California,	
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(SEAL)		CLERK'S CERTIFIC	CATE	
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